IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Attorney Docket No.: 116739 OLIFF & BERRIDGE, PLC P.O. Box 19928 Date: September 2, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application ELECTRO-OPTICAL DEVICE, METHOD OF DRIVING ELECTRO-OPTICAL DEVICE, For (Title): AND ELECTRONIC APPARATUS Makoto KATASE By (Inventors): Formal drawings (Figs. 1-9; 7 sheets) are attached. for front page of Publication. Use Figure A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to <u>SEIKO EPSON CORPORATION</u>.

The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-264514 filed September 10, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: \boxtimes CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE **SMALL ENTITY SMALL ENTITY** RATE FEE <u>OR</u> \$ 375 <u>OR</u>

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	11 - 20	= 0*
INDEP CLAIMS	2 - 3	= 0*
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED		

^{*} If the difference is less than zero, enter "0".

\$ 9 = OR 42 = \$ OR \$ 140 = <u>OR</u> **TOTAL** \$ <u>OR</u>

RATE	FEE	
.70	\$ 750	
x 18	\$	
x 84	\$	
+ 280	\$	
TOTAL	\$ 750	

 \boxtimes Check No. 145776 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

ames A. Oliff

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JAO:JSK/emt